

Notice to Terminate a MET Educational Benefits Contract

Issued under Public Act 316 of 1986.

Use this notice when attending a Michigan independent or out-of-state institution (or Michigan public institution with a Community College contract) OR to receive a refund. Submit this notice to MET by July 15 before the Academic Year in which you, the Beneficiary, wish to terminate the Contract.

*Beneficiary Name (Student)	Beneficiary's Social Security Number
Street Address	Daytime Telephone ()
City, State, ZIP Code	Email Address
Name of Institution Beneficiary Will Attend	Semester and Year to Begin Using Refund (required info. under <u>all</u> options)

The beneficiary requests termination of the above referenced contract for the following reason:

- _____ a. Beneficiary will attend a Michigan Independent, Degree-granting College or University. *Attach 1) Acceptance letter, 2) W-9 form for beneficiary and 3) W-9 form for refund designee (regardless of where you direct refund).*
To whom should refund be paid?
_____ College (Average tuition)
_____ Refund Designee (Lowest Tuition to Person in Item 16 of Contract Signature Page)
- _____ b. Beneficiary will attend an Out-of-State Institution of Higher Education. *Attach 1) Acceptance letter, 2) W-9 form for beneficiary and 3) W-9 form for refund designee (regardless of where you direct refund).*
To whom should refund be paid?
_____ College (Average tuition)
_____ Refund Designee (Lowest Tuition to Person in Item 16 of Contract Signature Page)
- _____ c. Beneficiary has received a full tuition scholarship (including military). *Attach 1) Verification of scholarship that states terms (what costs will be covered per term/semester as well as number of terms/semesters covered or terms of renewal), and 2) W-9 form for refund designee.*
- _____ d. Beneficiary does not plan to attend a Higher Education Institution. Complete the affidavit on the reverse side of this form stating that you, the Beneficiary, do not plan to attend a Higher Education Institution. The affidavit must be notarized. *Attach W-9 form for refund designee (Person in item 16 of Contract Signature Page).*
- _____ e. Beneficiary is Disabled or has died. (This request can be made at any time.) Attach a sworn or attested statement of the Beneficiary's Disability. If the Beneficiary died, the person with legal authority to act on behalf of the Beneficiary should submit a certificate of death and sign the form below in place of the Beneficiary's signature. A W-9 form must be submitted for the refund designee in either case.
- _____ f. Beneficiary has a Full or Limited Benefits contract, will attend a Community College and intends to terminate the Contract rather than receive educational benefits. Refund must be provided to the Community College. *Attach W-9 form for refund designee.*
- _____ g. Military. *Attach 1) Copy of enlistment contract and 2) W-9 form for refund designee.*
- _____ h. Beneficiary has a Community College contract and will attend a Michigan public 4-year institution. *Attach 1) Acceptance letter, 2) W-9 form for beneficiary and 3) W-9 form for refund designee (regardless of where you direct refund).*
To whom should refund be paid?
_____ College (Average tuition)
_____ Refund Designee (Lowest Tuition to Person in Item 16 of Contract Signature Page)

If you are unsure of the appropriate reason for termination, call MET at (800)-638-4543.

*Signature of Beneficiary (Student)	Date
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***Beneficiary must be at least 18 years of age or have a high school diploma. If you are not 18 years of age, attach a copy of your high school diploma.**

MAIL TO: Michigan Education Trust, P.O. Box 30198, Lansing, MI 48909 or Fax: (517) 373-6967.

Michigan Education Trust Affidavit

Use this Affidavit only when not attending a higher education institution as defined in the contract.

_____, being first duly sworn, states:

1. I am at least 18 years of age or have a high school diploma.
(Attach copy of high school diploma if not 18.)
2. I am the Beneficiary of Michigan Education Trust (MET) Contract
Number _____.
3. This affidavit is submitted to MET in order to comply with the
requirements of my "Notice to Terminate a MET Contract"
form dated _____.
4. I do not plan to attend a higher education institution as defined in the
MET contract.

Signature of Beneficiary (Student)

Date

State of _____

County of _____

On this _____ day of _____, _____, before me, a Notary Public in and for the County
and State above, personally appeared _____ who after being duly
sworn, represented and acknowledged execution of this instrument.

Notary Public

_____ County

My Commission Expires: